PT0/38/06 (12/04)

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Approved for use through 1/31/2006 OMB 0661-0032 Under the Papernors Reduction Act of 1995, no princes are required to respond to a collection of information unless it displays a valid CMB control number. U.S. Paleit and Trademark Office; U.S. DEPARTMENT OF GOMMERCE PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Humber Substitute for Form PTO-875 Effective December 8, 2004 296,363 APPLICATION AS FILED - PART I OTHER THAN (Column 1) (Column 2) SMALL ENTITY OR SMALL ENTITY FOR NUMBER FLED NUMBER EXTRA BASIC FEE RATE (\$) FEE O RATE (SI (37 CFR I 16(1) [c) a (e) NA PEE (S) N/A NA SEARCHFEE 150.00 ŇA 300.00 (37 CFR 1 10(1), (4. or free) NIA NA \$250 EXMINATION FEE NIA \$600 (37 CFR 1 16(d. (s). or (c)) AL/A NA NA TOTAL CLAIMS \$100 NA \$200 (37.CFR 1 16(0) minus 20 . X\$ 25 INDEPENDENT CLAIMS X\$50 : (37 CFR 1 16(N)) minus 3 . X100 X200 if the specification and drawings exceed 100 APPLICATION SIZE sheets of paper, the application size fee due is \$250 (\$126 for small entity) for each FEE . 137 OFR 1 15(a)) additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1 16(1)) +180= +360= " If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3) OTHER THAN SMALL ENTITY OR CLAMAS HIGHEST SMALL ENTITY REMAINING NUMBER PRESENT AFTER RATE (1) ADDI-PREVIOUSLY AMENDMENT EXTRA RATE(\$) ADDI-TIONAL ENDMEN PAID FOR CEST TIONAL FEE (S) Minus O'CIR LINE Ð FEE (T) 20 X\$ 25 X\$50 Minus OR X100 Application Size Fee (37 CFR 1.16(s)) X200 OB FRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.140) +180= +360= OR TOTAL TOTAL ADD'L FEE ADD'L FEE (Coturns 1) (Column 2) (Column 3) CI Alle HIGHEST REMAINING 0 NUMBER PRESENT RATE (5) AFTER. **AMENDMENT** ADDI-RATE (\$) PREVIOUSLY EXTRA WENDMENT ADOI-TICHAL PAID FOR Total grown FEE (S) Minus FEE (5) X\$ 25 Minus X\$50 OR Ŀ X100 Application Size Fee (37 CFR 1.16(s)) X200. OR FIRST PRESENTATION OF MALTIPLE DEPENDENT CLAIM (ST OFR 1.16(1))

If the entry in column 1 is less than the entry in column 2, write "o" in column 3.

If the Triighest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

If the Triighest Number Previously Paid For" IN THIS SPACE is less than 3, enter "2".

If the reginest Number Previously Paid For IN THIS SPACE is less than 3, enter 3.

The Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.

E collection of information is required by 37 CFR 1.18. The information is required to obtain or retain a benefit by the public which is to file (and by the PTO to piccess) an application. Confidentially is governed by 38 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete. PTO to process) an application. Confidentiality is between by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, isding gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patient of Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS DRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

+180=

ADD'L FEE

TOTAL

+360=

ADD'L FEE

TOTAL

OR

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2